

**INSTRUCTIONS FOR COMPLETING
APPLICATION FOR PARTICIPATION AND MANAGEMENT PLAN FOR
SPONSORING AGENCY OF AFFILIATED CHILD OR ADULT CARE CENTERS**

Completion of HS-1965A Application Form

The HS-1965A must be completed and enclosed with your application package **only** if your agency is applying to sponsor two or more child or adult day care centers which are legally affiliated with your agency. To be legally affiliated, the centers must be under the supervision and direct control of your agency's governing board and/or chief administrative officer. Please follow the instructions below to properly complete this form and include it with your application package:

1. Sections 1 through 4 are self-explanatory.
2. For Private Non-Profit, Public and Church Sponsor only, enter in Section 5A the name, mailing address and date of birth of your center's Executive Director and Chairperson of the Board of Directors. Those sponsors which are affiliated with state colleges and universities are **not** required to submit information for the Board Chairperson.
3. For Proprietary (Privately Owned) Sponsor only, enter in Section 5B the name(s), mailing address(es) and date(s) of birth for the owner(s). If center is part of a corporation which provides child care services in three or more states, data may be entered for a corporate representative who has management responsibility for the center.
4. Identify in Section 6 the type of sponsorship eligibility under which your agency will participate in the CACFP. Your agency may participate in the program as a private non-profit, public, church affiliated or proprietary (for profit) agency.
5. To complete Section 7, attach documentation of your agency's federal income tax exemption, if your agency is to participate in the CACFP as a private non-profit agency.
6. To complete Section 8, attach a letter from the Chairman of the Governing Board or Pastor which authorizes this application, if your agency is to participate in the CACFP as a church affiliated agency. In addition, please attach a copy of the state sales tax exemption letter which was issued to the church by the Tennessee Department of Revenue.
7. To complete Section 9, please attach a copy of minutes of the Board meeting in which this CACFP application was approved, if center is to participate in the CACFP as a private non-profit or public center with a governing Board of Directors. State colleges and universities are exempt from this requirement.
8. Please indicate in Section 10 if the total federal funds received by the agency through the State of Tennessee and expended during the agency's prior fiscal

year, **and** the total federal funds received by the agency directly from the federal government and expended during the agency's prior fiscal year exceeded \$500,000. Do not include any vendor child care payments received under the Tennessee Child Care Certificate Program in this determination.

If the total federal funds exceeded \$500,000, the agency is required to have an audit to participate in the CACFP.

9. In Section 11, please indicate if agency is currently operating the CACFP in other states and identify those states.
10. For Section 12, please complete the attached budget by performing the following:
 - a. Enter the estimated meal payments to be received for the program year;
 - b. Enter the estimated expenditures for the program year;
 - c. Complete the personnel salary schedule by entering the requested data for each position to be charged to the CACFP; and
 - d. Complete the travel budget if any in-state travel is to be charged to the CACFP.

Please note that if your agency will charge salaries or wages to the CACFP, you must have a Written Compensation Policy, and must use Time and Attendance and Time Distribution Reports to establish and support the salaries or wages to be charged as CACFP labor costs.

The budget will be reviewed to determine if adequate personnel are available to administer the program. For any positions that will perform CACFP responsibilities and that are not included in the budget, please attach information that provides the names of the employees, position titles, duties and funding sources.

11. To complete Section 13, please attach the following documents for each child or adult care center to be sponsored for CACFP participation:
 - a. A completed HS-1964A application form for each non-pricing child care center;
 - b. A completed HS-1964B application form for each pricing child care center;
 - c. A completed HS-1964C application form for each non-pricing adult care center;
 - d. A completed HS-1964D application form for each pricing adult care center;

- e. A current child or adult care license for each center;
 - f. A copy of the income eligibility application form and parent/guardian letter to be used by each child or adult care center;
 - g. Menus to be used for each new center; and
 - h. For proprietary centers to be sponsored, attach a copy of the most recent Enrollment/Attendance Verification to the DHS **OR** copies of Child Care Certificates for at least 25% of center's enrollment, **OR** copies of completed income eligibility applications for free or reduced-price participants.
12. For Section 14, complete the attached Exhibit 1 and enter the required data for each center to be sponsored.
13. Only enter data for Section 15 **if your agency will sponsor more than 25 centers**. If more than 25 centers are to be sponsored, enter the requested data for each position which will perform monitoring responsibilities. For each position to perform monitoring, enter the name of the person who fills the position, the title of the position, the location of the office where the position will be stationed (i.e., street and city), the number of centers assigned to the position, a "yes" or "no" as to whether the office location of the position is within 100 miles of all centers assigned to the position for monitoring, and the Full-Time Equivalent (FTE) of the position which is to be devoted to monitoring. The FTE is determined by dividing the number of hours which the position will perform monitoring by 40. After determining the FTE for each position to perform monitoring, add the FTE for all positions and enter the total.

Please note that each position which is to perform monitoring responsibilities must be stationed within 100 miles of all centers assigned to the position for monitoring.

14. To complete Section 16, enter the number of each type of facility to be sponsored and the number of participants (children and adults) for each facility.
15. To complete Section 17, enter the number of participants by eligibility category (free, reduced-price and paid), if a renewing sponsor. For all sponsors (both new and renewing), enter the total number of current enrolled participants.
16. To complete Section 18, identify the names of the local news media, minority or other grassroots organizations that will receive a news release concerning your agency's participation in the CACFP. A sample public release is attached. Each agency is required under federal regulations to announce its participation in the CACFP. Please note that your agency is **not** required to have the news releases published in newspapers as a legal notice. The public releases are to include the income eligibility guidelines for free and reduced-price meals and must be sent to the local news media, minority or other grassroots organizations in your

center's service area.

17. For Section 19, enter the name and title of the employees to review participant income eligibility applications and make determinations of participant eligibility for free and reduced-price meal reimbursements.
18. Complete Section 20 only if your center is a private non-profit or public entity with a governing Board of Directors. State colleges and universities and sponsoring agencies which are proprietary entities are not required to complete this section.
19. For Section 21, attach your agency's outside employment policy. The policy must restrict other employment by employees that interferes with an employee's performance of CACFP related duties and responsibilities, including outside employment that constitutes a real or apparent conflict of interest.
20. To complete Section 22, enter the name, title and signature of each employee to sign claims for meal reimbursements.
21. To complete Section 23, identify your agency's anticipated dates of in-house training for employees performing CACFP duties. At least one training session for these employees must be conducted for the program year beginning October 1 and ending September 30.
22. To complete Section 24, enter the name and address of any bookkeeping or CPA firm that will perform accounting work for the agency.
23. To complete Section 25, attach to your application one of the documents identified. If a financial statement is to be used to document your agency's financial viability, please ensure that the statement is contained on your agency's official stationery, and is signed and dated by an authorized representative. This section is to be completed only if your agency is a non-governmental entity.
24. In Section 26, please complete, sign and date the attached Sample Form to Document Required Management Controls and return it with your application. This section is to be completed only if your agency is a non-governmental entity.
25. In Section 27, please indicate if your agency has the required edit checks in place. If the edit checks are in place, please also indicate how the edit checks will be performed. The edit checks must be in place if your agency is renewing its CACFP participation.

If your agency is applying to participate as a new sponsoring agency and does not have the edit checks in place, please check "No". As a new sponsoring agency, training will be provided by TDHS personnel on this requirement.
26. In Section 28, answer each question for agency's Civil Rights' compliance. If your agency has previously received a Civil Rights' complaint, please attach

additional information on the action that has been taken to address the complaint and on the current status of the complaint.

27. Carefully read the “Certification Statement”. If there is any portion of the statement which is not fully understood, contact DHS staff at (615) 313-4749.
28. As part of the “Certification Statement” enter the name and title of the employees to review participant income eligibility applications and make determinations of participant eligibility for free and reduced-price meal reimbursements. Also, enter the names of the publicly funded programs that your agency has participated in during the last seven years.
30. Enter the name and title and signature and date of signature of your agency’s board chairperson or authorized representative, or if privately owned, enter the name, signature and date of signature of the owner or corporate representative who has management responsibility for the agency.
31. Retain one (1) copy for your agency's files and return the other completed copy to the Department.

Mailing Address for Application

Please return one (1) original of your application package to the following address:

Tennessee Department of Human Services
Citizens Plaza Building, CACFP Unit
400 Deaderick Street
Nashville, Tennessee 37248-9500

Pre-Operational Visit by DHS Personnel

If your agency will participate in the CACFP for the first time or after an absence of six months or more, a DHS representative will contact your agency to arrange for a pre-operational visit. This visit may be conducted at your agency or at an off-site location. The visit will occur prior to the submission of a claim for reimbursement, and will provide training and technical assistance for meal requirements and record-keeping responsibilities.